

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)**

SERIAL NO.

FILING DATE

APPLICANT

3/21/05  
10/527991

**CLAIMS**

AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT		AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
IND.	DEP.	IND.	DEP.	IND.	DEP.	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/					51					
2	/					52					
3	/					53					
4	/					54					
5	/					55					
6	/					56					
7	/					57					
8	/					58					
9	/					59					
10	/					60					
11	/					61					
12	/					62					
13	/					63					
14	/					64					
15	/					65					
16	/					66					
17	/					67					
18	/					68					
19	/					69					
20	/					70					
21	/					71					
22	/					72					
23	/					73					
24	/					74					
25	/					75					
26	/					76					
27	/					77					
28	/					78					
29	/					79					
30	/					80					
31	/					81					
32	/					82					
33	/					83					
34	/					84					
35	/					85					
36	/					86					
37	/					87					
38	/					88					
39	/					89					
40	/					90					
41	/					91					
42	/					92					
43	/					93					
44	/					94					
45	/					95					
46	/					96					
47	/					97					
48	/					98					
49	/					99					
50	/					100					
TOTAL IND.	3	↓		↓		TOTAL IND.	↓		↓		↓
TOTAL DEP.	86	←		←		TOTAL DEP.	←		←		←
TOTAL CLAIMS	89					TOTAL CLAIMS					